

DETREX CORPORATION



P.O. Box 5111, Southfield, MI 48086-5111

October 16, 1990

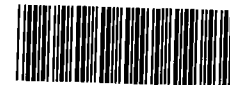
FAX: (313) 358-5803

TELEPHONE:
(313) 358-5800

Express Mail

Region V Office
U.S. Environmental Protection Agency
230 South Dearborn Street
Chicago, IL 60604
Attn: Jill Lyon

US EPA RECORDS CENTER REGION 5



1004841

Dear Ms. Lyon,

Enclosed is the Part A revision for the TCLP additions we discussed on October 10, 1990. The submission of the attached application is in requirments with the TCLP modifications for facilities in intermin status.

If additional information is needed please call me at (313) 358-5800 ext. 371.

Sincerely,

William M. Moore, Jr.
Corporate Environmental Manager,
RCRA Compliance

cc: I. Shamiyeh
M. Tepatti
R. Swan
Michigan DNR
Enclosure

FORM
1
GENERAL

DNR

MICHIGAN DEPARTMENT
OF NATURAL RESOURCES

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

FMID091605972

APPLICATION FOR HAZARDOUS WASTE
TREATMENT, STORAGE OR DISPOSAL FACILITY
CONSTRUCTION PERMIT OR OPERATING LICENSE

II. CONSTRUCTION PERMIT OR OPERATING LICENSE APPLICATION (check one)

- A. CONSTRUCTION PERMIT APPLICATION
XB. OPERATING LICENSE APPLICATION

If this is an operating license application, mark an X in the appropriate box:

1. ☐ FIRST APPLICATION (NEW FACILITY)
2. ☒ FIRST APPLICATION (EXISTING FACILITY)
3. ☐ RENEWAL APPLICATION
4. ☐ APPLICATION FOR LICENSE REVISION
5. ☐ RESEARCH, DEVELOPMENT & DEMONSTRATION LICENSE APPLICATION

III. NAME OF FACILITY

1. SKIP GOLD SHIELD SOLVENTS

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2. RONALD SWAN

313 491 4550

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3. 12886 EATON AVENUE

B. CITY OR TOWN

C. STATE D. ZIP CODE

4. DETROIT

MI 48227

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5. 12886 EATON AVENUE

B. COUNTY NAME

WAYNE

C. CITY OR TOWN

D. STATE E. ZIP CODE

F. COUNTY CODE (if known)

6. DETROIT

MI 48227

VII. TITLEHOLDER OF LAND

A. NAME

8. DETREX CORPORATION

B. STREET OR P.O. BOX

P. O. BOX 5111

C. CITY OR TOWN

D. STATE E. ZIP CODE

F. PHONE (area code & no.)

9. SOUTHFIELD

MI 48086

313 358 580

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2 8 6 9 (specify)				71 (specify)			
C. THIRD				D. FOURTH			
7 (specify)				71 (specify)			

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
8 DETREX CORPORATION										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify)										D. PHONE (area code & no.)									
F - FEDERAL M - PUBLIC (other than federal or state) S - STATE O - OTHER (specify) P (specify) P - PRIVATE										313 358 5800									

E. STREET OR P.O. BOX									
P. O. BOX 5111									

F. CITY OR TOWN										G. STATE H. ZIP CODE										I. INDIAN LAND									
8 SOUTHFIELD										M I 48086										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

OWNERSHIP

A. NAME									
8 DETREX CORPORATION									

E. STREET OR P.O. BOX									
P. O. BOX 5111									

F. CITY OR TOWN										G. STATE H. ZIP CODE										I. PHONE (area code & no.)									
8 SOUTHFIELD										M I 48086										313 358 5800									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										B. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									

C. UIC (Underground Injection of Fluids)										D. OTHER (specify)									
9 U										(specify)									

E. RCRA (Hazardous Wastes)										F. OTHER (specify)									
9 R MID 091605972										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

WAREHOUSE & DISTRIBUTION OF INDUSTRIAL SOLVENTS
RECLAMATION OF USED HALOGENATED SOLVENTS

XIII. FEE INFORMATION (check A or B)

A. ☐ CONSTRUCTION PERMIT FEE

1. ☐ COST OF REVIEW

2. ☐ FIXED FEE (complete the following)

FEE

a. Check type of facility:

☐ Land Disposal (\$9,000)

\$

☐ Incineration or other treatment (\$7,200)

\$

☐ Storage (\$500)

\$

b. Site size _____ acres (see fee schedule)

\$

c. Projected waste volume (see fee schedule)

_____ Gallons/day

\$

OR

_____ Cubic yards/day

\$

d. Hydrogeological characteristics for land disposal

☐ Natural Clay

☐ Sand

☐ Compacted Clay

☐ Artificial Liner

\$

e. For treatment or storage facilities:

Is there surface water on the site?

☐ No

☐ Yes (\$75)

\$

TOTAL FIXED FEE COST:

\$

B. ☒ OPERATING LICENSE FEE

\$ 500.00

XIV. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

C. B. Stockmeyer, Jr.
President

B. SIGNATURE

X 

C. DATE SIGNED

10/15/90

XV. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

C. B. Stockmeyer, Jr.
President

B. SIGNATURE

X 

C. DATE SIGNED

10/15/90

XVI. TITLEHOLDER OF LAND CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

C. B. Stockmeyer, Jr.
President

B. SIGNATURE

X 

C. DATE SIGNED

10/15/90

FORM <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3 RCRA </div>	MICHIGAN DEPARTMENT OF NATURAL RESOURCES	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> FMID 091605972 </div>
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FOR OFFICIAL USE ONLY APPLICATION DATE RECEIVED APPROVED _____	COMMENTS
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II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility revised application. If this is your first application and you already know your facility's EPA I.D. Number or if this is a revised application, enter your facility's EPA I.D. Number in (Item I) above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate data) <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> FOR EXISTING FACILITIES, PROVIDE THE DATE (YR., MO., & DAY) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">8</div> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> </div> <div style="width:45%;"> <input type="checkbox"/> 2. NEW FACILITY (Complete item below.) FOR NEW FACILITY PROVIDE THE DATE (YR., MO., & DAY) OF CONSTRUCTION BEGAN OR EXPECTED TO BE </div> </div>
--

B. REVISED APPLICATION

☐ 1. ☐ 2.

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. **PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. **AMOUNT** - Enter the amount.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	301	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	302	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	303	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	304	GALLONS OR LITERS			GALLONS PER HOUR OR LITERS PER HOUR
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	
LITERS	L	TONS PER HOUR	D	HECTARE-METER	
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III. (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C	DUP								
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LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	12,700	G		7				
2	T 0 4	7600			8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

(T04) 4 DISTILLATION UNITS

2	-	2000 GPD DETREX STILL	4000 GPD
1	-	3000 GPD DCI STILL	3000 GPD
1	-	600 GPD DCI STILL	600 GPD
TOTAL			7600 GPD

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item I to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Notes: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA ID NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY														
WM	I	D	0	9	1	6	0	5	9	7	2	1	W	DUP					2	DUP				

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARDOUS WASTE CODE (F000-F099)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (GAL, LB, TON, etc.)	D. PROCESSES (check)				E. PROCESS DESCRIPTION (if a code is not entered in D)						
	1	2	3			4	5	6	7	8	9	10	11	12		
1	F	0	0	1	6,500,000	P	S	0	1	S	0	2	T	0	4	
2	F	0	0	2	2,250,000	P	S	0	1	S	0	2	T	0	4	
3	D	0	0	4	Note: The waste	P	S	0	1							
4	D	0	0	5	quantities reported	P	S	0	1							
5	D	0	0	6	for F001 and F002 include the	P	S	0	1							
6	D	0	0	7	D-series compounds	P	S	0	1							
7	D	0	0	8		P	S	0	1							
8	D	0	0	9		P	S	0	1							
9	D	0	1	0		P	S	0	1							
10	D	0	1	1		P	S	0	1							
11	D	0	1	8		P	S	0	1							
12	D	0	1	9		P	S	0	1							
13	D	0	2	1		P	S	0	1							
14	D	0	2	2		P	S	0	1							
15	D	0	2	7		P	S	0	1							
16	D	0	2	8		P	S	0	1							
17	D	0	2	9		P	S	0	1							
18	D	0	3	0		P	S	0	1							
19	D	0	3	4		P	S	0	1							
20	D	0	3	5		P	S	0	1							
21	D	0	3	6		P	S	0	1							
22	D	0	3	8		P	S	0	1							
23	D	0	3	9		P	S	0	1							
24	D	0	4	0		P	S	0	1							
25	D	0	4	3		P	S	0	1							
26																

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F M I D 0 9 1 6 0 5 9 7 2 1 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4 2 2 3 5 0

8 3 1 0 2 2

VIII. GENERAL INFORMATION

Attach each of the following as separate attachments to the application:

- | | | |
|---------------------------------|----------------------------|-----------------------------|
| 1. General facility description | 6. Contingency plan | 11. Closure/post-closure pl |
| 2. Chemical & physical analysis | 7. Preparedness/prevention | 12. Cost estimates |
| 3. Waste analysis plan | 8. Traffic information | 13. Liability mechanism |
| 4. Security procedures | 9. Location information | 14. Financial assurance |
| 5. Inspection schedule | 10. Training program | 15. Topographic map |

IX. SUPPLEMENTAL INFORMATION

Attach for all applications:

- Hydrogeological report
- Environmental assessment
- Environmental monitoring program
- Engineering plans

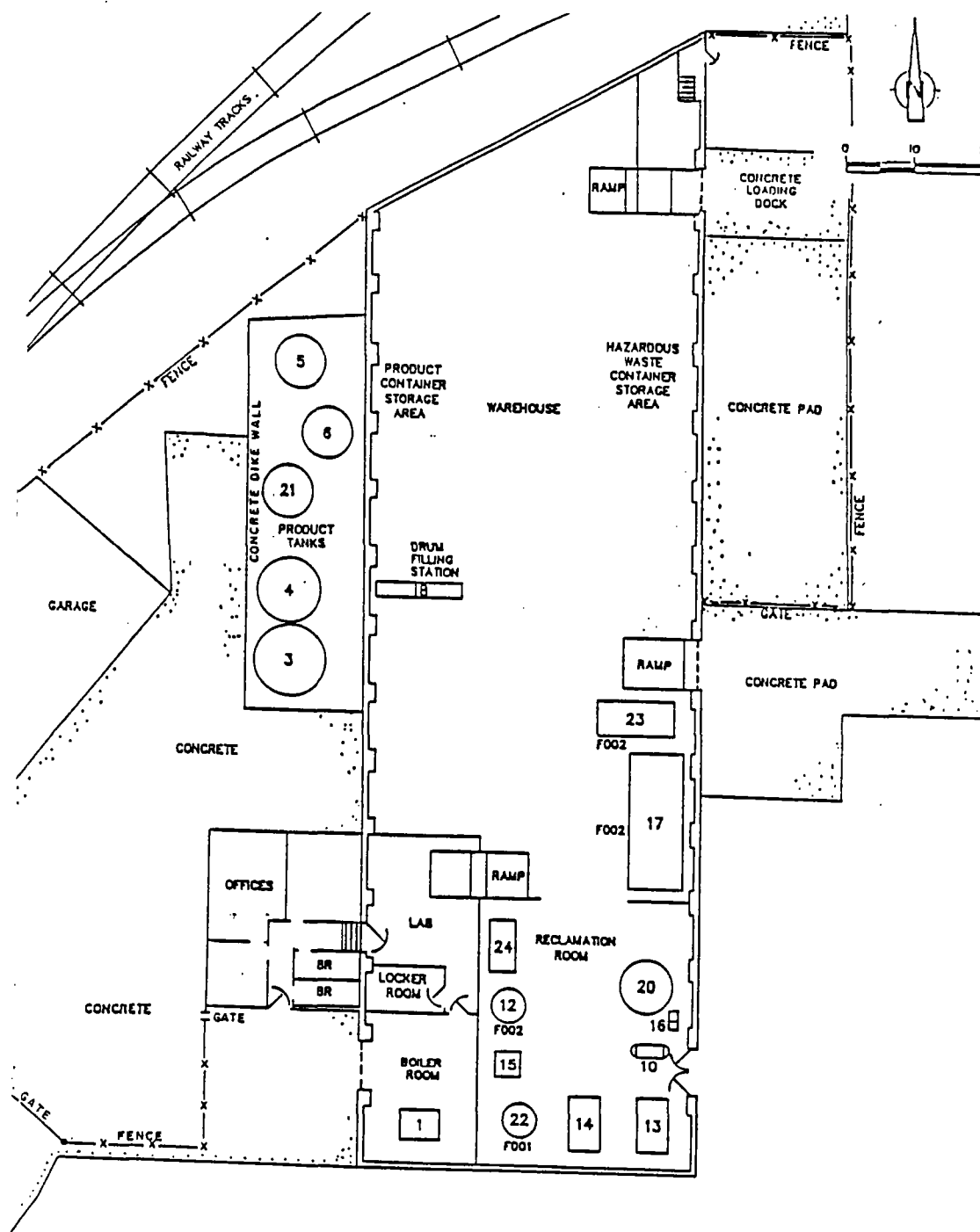
Attach for operating license applications only

- For new facilities, construction certificate
- Capability certification/compliance schedule
- Proof of other permits or licenses
- Restrictive covenant (landfills only)

X. FACILITY SPECIFIC INFORMATION

Attach the required technical information for each of the following:

- | | |
|--------------------------------------|-------------------------|
| 1. Containers | 5. Surface impoundments |
| 2. Tanks | 6. Waste piles |
| 3. Incineration or thermal treatment | 7. Landfills |
| 4. Treatment | 8. Land treatment |



MAR 25 1986

Ronald E. Swan, Jr.
Senior Project Engineer
Detrex Chemical Industries, Inc.
P.O. Box 501
Detroit, Michigan 48232

RE: Amended Part A Application
Detrex Chemical Industries, Inc.
MID 091 605 972

Dear Mr. Swan:

The United States Environmental Protection Agency (U.S. EPA) has reviewed your letter of January 16, 1986, requesting to withdraw the tank storage units listed in your Part A hazardous waste application. According to the information which you submitted, your facility presently does not store hazardous waste in tanks for over 90 days. If, at any time since November 19, 1980, the tanks have been used to store hazardous waste over 90 days, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR 265. The tanks would therefore be subject to the closure requirements listed in 40 CFR 265 Subpart G.

Correspondence received from your facility dated March 5, 1984, stated that solids tend to accumulate within a 5,000 gallon tank, which prevents the removal of wastes stored. Additional information addressing the removal frequency of the accumulated solids is necessary in determining the regulated status of this unit and the need for a closure plan. Therefore, we are denying your request to remove the tanks from your Part A permit application.

Your revised Part A application also requests an increase in container and treatment process design capacities. No justification explaining the need for the changes, as required in 40 CFR 270.72(b), has been submitted. The U.S. EPA is denying your request for the increases. Until such time as

U.S. EPA approves your requests, you are to continue to operate with the following regulated units and capacities:

S01	8,000 gallons
S02	4,700 gallons
T04	1,800 gallons/day

If you have any questions regarding this matter, please contact Diane M. Spencer of my staff at (312) 886-3740.

Sincerely,

Y. J. Kina
Acting Chief, Technical Programs Section

cc: Alan Howard/NDHR

5HS-JCK-13:WMD:SNB:TPS:MICHIGAN READ FILE:D.Spencer:G.Words:Draft Typed:3/31/86
Final Typing 3/24/86 :Corr:3/25/86

DISK No. 1

[Signature]
3/24/86

	TYP.	AUTH.	IL. CHIEF	IN. CHIEF	MI. CHIEF	MN/WI CHIEF	OH. CHIEF	TPS CHIEF	WMB CHIEF	WMD DIR
INIT. DATE	<i>J.M.</i> 3/24/86	<i>DMJ</i> 3/24/86			<i>YJA</i> 3/24/86			<i>LDK</i> 3/25/86		

DETREX CHEMICAL INDUSTRIES, INC.



P.O. BOX 501, DETROIT, MICHIGAN 48232

TWX 810-224-4756

TELEPHONE
(313) 358-5800

January 16, 1986

U.S. EPA
Technical Program Section
230 S. Dearborn Street
Chicago, IL 60604

RECEIVED

JAN 21 1986

Attention: Ms. Edith Ardiente

SOLID WASTE BRANCH
U.S. EPA, REGION V

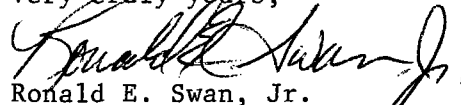
Dear Ms. Ardiente:

MID091605972 C TR TSD PA

As an associate of yours mentioned in a recent telephone conversation, our Gold Shield Facility in Detroit, MI does not store hazardous waste in tanks for 90 days or longer; it would be to our benefit to remove the tanks from our Modified Part A Permit Application. I have checked with the Branch Manager of the facility and he indicated to me that the tanks are indeed emptied in less than 90 days. Therefore, I am submitting to you a Modified Part A Permit Application which shows only drum storage of hazardous waste (and processing of the waste) at this facility.

If you have any questions or require additional information, please feel free to call.

Very truly yours,


Ronald E. Swan, Jr.
Senior Project Engineer

RES/smb

Encl.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
<div style="text-align: center; font-size: 2em; font-weight: bold;">EPA</div>		<div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 0.8em;"> F M I D 0 9 1 6 0 5 9 7 2 </div>			
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			
		T/A C D			
		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
LABEL ITEMS II. EPA I.D. NUMBER III. FACILITY NAME IV. FACILITY MAILING ADDRESS V. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE			
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK "X"		SPECIFIC QUESTIONS	
YES NO FORM ATTACHED		YES NO FORM ATTACHED		YES NO FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
16 17 18		19 20 21		22 23 24	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
25 26 27		28 29 30		31 32 33	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
34 35 36		37 38 39		40 41 42	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
43 44 45		46 47 48		49 50 51	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
52 53 54		55 56 57		58 59 60	
III. NAME OF FACILITY					
1 SKIP DETREX CHEMICAL INDUSTRIES, INC.					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)	
2 ROBRECHT, WILL MGR, CORP. ENGR.				313 358 5800	
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P. O. BOX 501					
B. CITY OR TOWN					
4 DETROIT					
C. STATE					
MI					
D. ZIP CODE					
48232					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 12886 EATON AVE.					
B. COUNTY NAME					
WAYNE					
C. CITY OR TOWN					
6 DETROIT					
D. STATE					
MI					
E. ZIP CODE					
48227					
F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2	8	6	9	(specify)	7	(specify)	
C. THIRD				D. FOURTH			
(specify)	(specify)	(specify)	(specify)	(specify)	(specify)	(specify)	(specify)

III. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?	
DETREX CHEMICAL INDUSTRIES, INC.										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE										3 1 3 3 5 8 5 8 0 0	
E. STREET OR P.O. BOX											
P.O. BOX 501											
F. CITY OR TOWN										G. STATE	
DETROIT										MI	
H. ZIP CODE										IX. INDIAN LAND	
4 8 2 3 2										Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input type="checkbox"/> NO	

C. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Warehouse, distribution and reclamation of Industrial Solvents.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
R. J. Jones, Vice President	<i>R. J. Jones</i> , Vice Pres.	8-8-85

COMMENTS FOR OFFICIAL USE ONLY

--	--

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

I. EPA I.D. NUMBER													T/A	C	
S															
F	M	I	D	0	9	1	6	0	5	9	7	2		1	

RCRA
FOR OFFICIAL USE ONLY

COMMENTS

FOR OFFICIAL USE ONLY	
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 29

23	24	29
----	----	----

II. FIRST OR REVISED APPLICATION

into box in A or B

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, enter your facility's EPA I.D. Number in Item I above.

A. ☐ NEW FACILITY (Complete item below.)
FOR NEW FACILITIES PROVIDE THE DATE (M., M.O., & DAY) OPERATIONS BEGAN.

B. ☐ EXISTING FACILITY (Complete item below.)
DEFINITION OF "EXISTING" FACILITY.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)
☒ **EXISTING FACILITY** (See instructions for definition of "existing" facility.
 Complete item below.)

☒ **EXISTING FACILITY** (See instructions for definition.)
 Complete item below.

YR.	MO.	DAY
00	00	00

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)
 OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
 (Use the boxes to the left)

C	YR.	MO.	DAY
8	6 6	0 6	0 1
15	73 74	75 76	77 78

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
(use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)
FOR NEW FACILITY
ON THE DATE

YR.		MO.		DAY	
73	74	75	76	77	78

FOR NEW FACILITIES,
PROVIDE THE DATE
(yr., mo., & day) OPERA-
TION BEGAN OR IS
EXPECTED TO BEGIN

C	YR.				(use the boxes to the left)	
8	6	6	0	6	0	1
15	73	74	75	76	77	78

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES -- CODES AND DESIGN CAPACITIES

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

code entered in column A enter the capacity of the process.

process codes below that describes the unit of

B. PROCESS DESIGN CAPACITY - Enter the amount.

1. **AMOUNT** - Enter the amount.
2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
	S04	GALLONS OR LITERS

Disposal:
INJECTION WELL
LANDFILL

D79 GALLONS OR LITERS
D80 ACRE-FeET (the volume that
would cover one acre to a
depth of one foot) OR
D81 HECTARE-METER
D82 ACRES OR HECTARES
D83 GALLONS PER DAY OR
LITERS PER DAY
GALLONS OR LITERS

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

LAND APPLICATION
OCEAN DISPOSAL
SURFACE IMPOUND

UNIT OF
MEASURE
CODE

UNIT OF MEASURE

UNIT OF
MEASURE
CODE

UNIT OF MEASURE

UNIT OF
MEASURE
CODE

UNIT OF MEASURE
GALLONS
LITERS
CUBIC YARDS
CUBIC METERS
GALLONS PER DAY

LITERS PER DAY D
TONS PER HOUR W
METRIC TONS PER HOUR E
GALLONS PER HOUR H
LITERS PER HOUR

ACRE-FEET. F
HECTARE-METER. B
ACRES. Q
HECTARES.

GALLONS. L
LITERS Y
CUBIC YARDS C
CUBIC METERS U
GALLONS PER DAY

TONS T
METRIC TONS PER HOUR E
GALLONS PER HOUR H
LITERS PER HOUR

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY			
LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY		LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT		2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	
X-1	S 0 2	600		G			5						
X-2	T 0 3	20		E			6						
1	S 0 1	8,250		G			7						
	- - -			-			8						
3	T 0 4	5,840		U			9						
4							10						

PAGE 1 OF 5

inued from the front.

PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE
INCLUDE DESIGN CAPACITY.

T04 - 5 Distillation Units.

- 1 @ 700 GPD
- 1 @ 1300 GPD
- 2 @ 960 GPD
- 1 @ 1920 GPD

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
POUNDS..... P
TONS..... T

METRIC UNIT OF MEASURE **CODE**
KILOGRAMS..... K
METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T	0	3	D	8	0
X-2	D 0 0 2	400	P	T	0	3	D	8	0
X-3	D 0 0 1	100	P	T	0	3	D	8	0
X-4	D 0 0 2								included with above

CONTINUE ON PAGE

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																
<div style="display: flex; justify-content: space-between;"> W T/A C </div>													<div style="display: flex; justify-content: space-between;"> W T/A C </div>																
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15													1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 23 24 25 26																
V. DESCRIPTION OF HAZARDOUS WASTES (continued)																													
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																									
				1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
				23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1	F 0 0 1	2,002,500	P									S 0 1	S 0 2	T 0 4															
2	F 0 0 2	667,500	P									S 0 2																	
3																													
4																													
5																													
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25																													
26																													

IV. DESCRIPTION OF HAZARDOUS WASTES (Continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

[illegible]

FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (*see instructions for more detail*).

I. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
4	2	2	3	5	0	8	3	1	0	2	2
65	66	67	68	69	71	72	74	75	76	77	79

VIII. FACILITY OWNER


- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																	
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.			6. ZIP CODE				
16 - - - - - 45 15 16															40 41 42										47 - - 51							

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

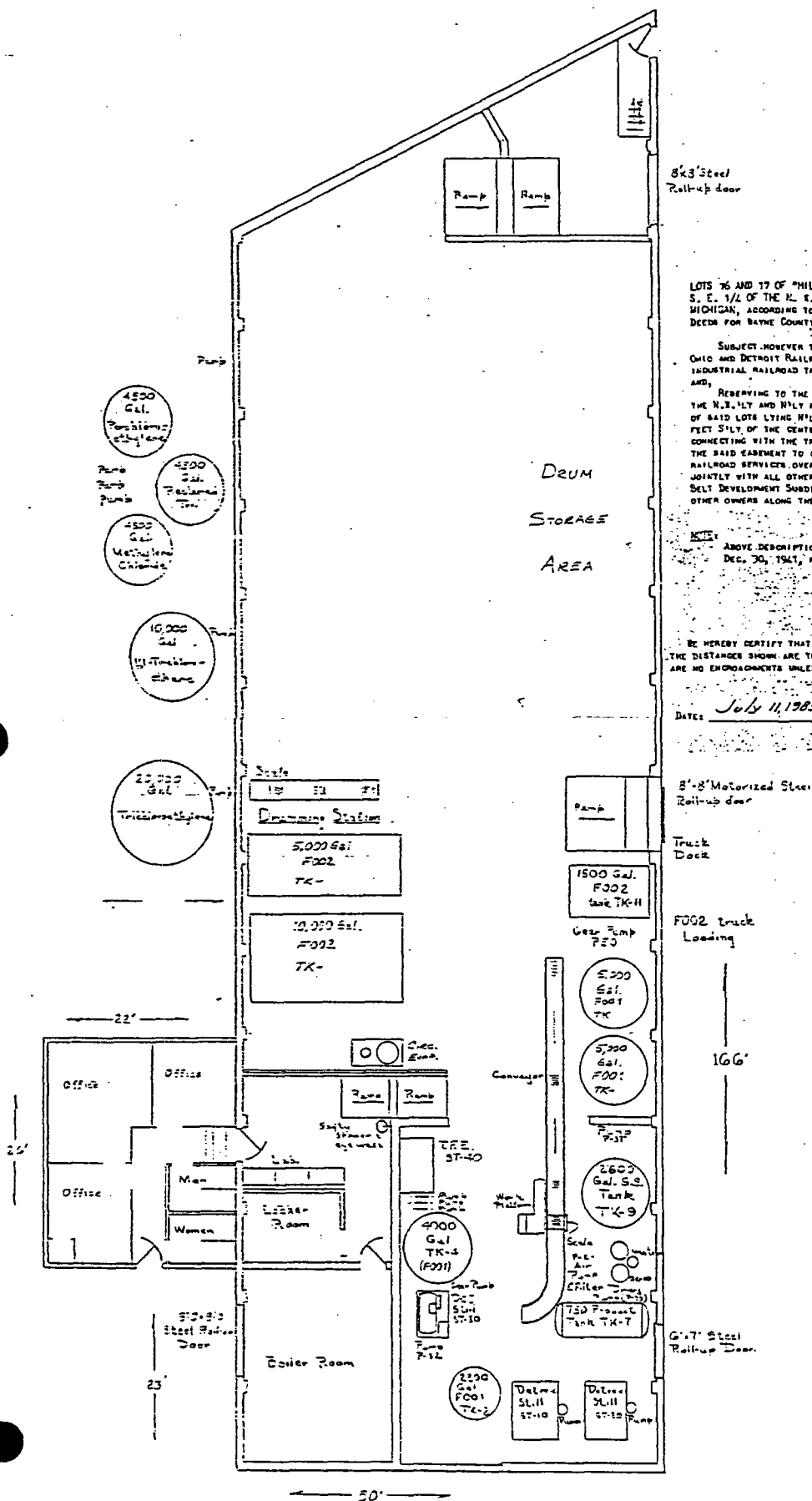
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
R. J. Jones, Vice President	 Vice Pres.	8-8-85

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------

V. FACILITY DRAWING (see page 4)



LEGAL DESCRIPTION

LOTS 16 AND 17 OF "MILL UNION BELT DEVELOPMENT SUBDIVISION", BEING THE N. 1/2 OF THE S. E. 1/4 OF THE N. E. 1/4 OF SEC. 20, T. 1 S., R. 11 E., CITY OF DETROIT, WAYNE COUNTY, MICHIGAN, ACCORDING TO THE PLAT THEREOF RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS FOR WAYNE COUNTY, MICHIGAN IN LIBER 60 OF PLATS ON PAGE 62;

SUBJECT, HOWEVER TO A PERMANENT EASEMENT HERETOFORE GRANTED TO THE PENNSYLVANIA, OHIO AND DETROIT RAILROAD OVER A STRIP OF LAND ON THE N.W. SIDE OF SAID LOTS FOR AN INDUSTRIAL RAILROAD TRACK AS PER DEED RECORDED IN L. 2298 OF DEEDS ON P. 176-178 MCP, AND;

RESERVING TO THE BELLEF, THEIR HEIRS AND ASSIGNS, AN EASEMENT OVER AND ACROSS THE N.W. 1/4 AND N.W. 1/4 REAR PORTIONS OF SAID LOTS 16 & 17 DESCRIBED AS ALL THAT PORTION OF SAID LOTS LYING N.W. 1/4 AND E.W. 1/4 OF A LINE EXTENDING ACROSS SAID LOTS THAT IS 8 1/2 FEET S.W. OF THE CENTER OF THE RAILROAD SIDING AS PRESENTLY INSTALLED AND IS USE CONNECTING WITH THE TRACK OF THE PENNSYLVANIA, OHIO AND DETROIT RAILROAD COMPANY; THE SAID EASEMENT TO COVER THE RIGHT TO USE THE SAME FOR PRIVATE RAILROAD SIDING AND RAILROAD SERVICES OVER SAME TO THE SAID PENNSYLVANIA, OHIO AND DETROIT RAILROAD, JOINTLY WITH ALL OTHER OWNERS OF LOTS 16, 19, 20, 21, 22, 23 AND 24 OF MILL UNION BELT DEVELOPMENT SUBDIVISION AFORESAID, SO THAT RAILROAD SERVICE MAY BE HAD BY ALL OTHER OWNERS ALONG THE LENGTH OF THE SIDING AS NOW INSTALLED AND IS USE.

ABOVE DESCRIPTION IS FROM DEED TO DETROIT PEE PRODUCTS COMPANY DATED DEC. 30, 1941, RECORDED JANUARY 8, 1942 IN LIBER 5902, DEEDS, PAGE 226.

CERTIFICATION

BE HEREBY CERTIFY THAT WE HAVE SURVEYED THE PROPERTY HEREON DELINEATED AND THAT THE DISTANCES SHOWN ARE TRUE AND CORRECT BY ACTUAL FIELD MEASUREMENTS AND THAT THERE ARE NO ENCROACHMENTS UNLESS OTHERWISE SHOWN.

DATE: July 11, 1985

BARNER, CANTRELL & PADDES, INC.

BY: Donald A. DeMotte, REG. LAND SURVEYOR #11524

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON
MARLENE J. FLUHARTY
STEPHEN V. MONSMA
O. STEWART MYERS
DAVID D. OLSON
RAYMOND POUPORE
HARRY H. WHITELEY

JAMES J. BLANCHARD, Governor

RECEIVED DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING
BOX 30028
LANSING, MI 48909

RONALD O. SKOOG, Director

DEC 30 1985

December 19, 1985

SOLID WASTE BRANCH
U.S. EPA, REGION V

RECEIVED
DEC 29 1985
SOLID WASTE BRANCH
U.S. EPA, REGION V

Ms. Edith Ardiente, P.E.
Chief, Technical Programs Section
U.S. EPA - Region V, 5HS-13
230 S. Dearborn Street
Chicago, Illinois 60604

Re: Dextrex Chemical Industries
MID091605972

Dear Ms. Ardiente:

I have performed a technical evaluation of the Dextrex Chemical Industry's request for an increase in capacity, as well as alteration, of the storage methods. Under the Resource Conservation and Recovery Act, I recommend that the amended Part A be accepted; however, the facility may need to go through the construction permit process under Michigan's Act 64, as amended.

If you have any question on this matter, please contact me.

Sincerely,

James D. Roberts
Environmental Engineer
Technical Services Section
Hazardous Waste Division
517-373-2730

cc: Mr. Alan Howard, HWD
Mr. Ken Burda/C&E File
Mr. Ben Okwumabua/Ms. Maggie Fields
Ms. Randi Kim, U.S. EPA - Region V
Ms. Mary Murphy, U.S. EPA - Region V

DETREX CHEMICAL INDUSTRIES, INC.



P.O. BOX 501, DETROIT, MICHIGAN 48232

TWX 810-224-4756

TELEPHONE
(313) 358-5800

October 30, 1985

United States Environmental Protection Agency
RCRA Activities Section
Region V
P. O. Box A3587
Chicago, IL 60690

RECEIVED

NOV 01 1985

**SWB - AIS
U.S. EPA, REGION V**

Attention: Edith Ardiente
Chief - Technical Programs Section

Dear Ms. Ardiente:

MID 091605772 C, TR, TSD, PA

Enclosed is a Revised Part A Application for our Gold Shield Solvents Division facility located at 12886 Eaton Avenue in Detroit, Michigan. The Revised Part A reflects an increase in the volume of our business at the facility (from the initial application to present day volume).

Please contact myself or Mr. Ron Swan at the above telephone number if you have any questions or are in need of additional information.

Sincerely yours,

W. G. Robrecht
Manager of Corporate Engineering

/smb

Encl.

cc: Ms. Margaret Fields
Michigan Department of Natural Resources

MAR 21 1984

RE: Process Capacity Increase
Detrex Chemical Industries, Inc.
MID091605972

Dear Mr. Robrecht:

We are in receipt of your revised Part A for the above facility. At this time the United States Environmental Protection Agency (U.S. EPA) cannot approve a capacity increase due to a lack of justification for the increase. You are referred to 40 CFR 270.72(b), which describes the types of justification which are required before approval can be granted. A desire to increase business capacity is not sufficient justification for approval of a process capacity increase.

submit a voluntary Part B Resource Conservation and
order to increase your plant's
also submit

to increase capacity under interim status.

Please contact Mr. Michael Mutnan of my staff at (312) 886-3740 if you require further information on either or both of the above options.

Sincerely,
ORIGINAL SIGNED BY
WILLIAM H. MINER

cc: Alan Howard, MDNR ✓

5HW-13:MMUTNAN:SSMITH:3/16/84

Joe Boyle (SIO)
-13:MMUTNAN:SSMITH:3/16/84

INITIALS	DATE	TPS CHIEF	WMB CHIEF	WMD
SP	3-16-84	WMB	WMB	WMD
TPS CHIEF	WMB	WMB	WMD	WMD
3/19/84	3/19/84	3/19/84	3/19/84	3/19/84

JAN 27 1984

Mr. Ron Shaw
Detrex Chemical Industries, Inc.
P. O. Box 501
Detroit, Michigan 48232

RE: Revised Part A
Detrex Chemical Industries, Inc.
12886 Eaton Avenue
Detroit, Michigan

Dear Mr. Shaw:

The United States Environmental Protection Agency (U.S. EPA) is in receipt of your January 16, 1984, letter and your revised Part A Application. You should be aware that the proper identification number for the above facility is MID091605972. You should revise your records to reflect this fact.

You are to provide further justification for your requested increase in container process design capacity at the above facility. You should review the requirements of 40 CFR 270.72(b) and make the showing described in that paragraph. Until such time as the U.S. EPA approves the request, you are to continue operating at your currently approved capacity of 8000 gallons.

The 5000 gallon tank you have installed will not require a permit if hazardous waste is accumulated in it for 90 days or less. You will be required to comply with 40 CFR 262.34 for this tank and the old tank will need to go through the closure procedures of 40 CFR 265.112 through 265.115 if it accumulated hazardous waste for greater than 90 days.

You should also be aware that process code T04, which corresponds to your distillation units, is not subject to regulation if the requirements of 40 CFR 261.6 are met. It appears from your operation that you are reclaiming and recycling spent solvents and are entitled to the exemption found above.

Along with the justification for an increased design capacity, you are to amend your Part A by deleting process codes S02 and T04 as appropriate. You are also to identify if the old storage tank is required to go through the closure requirements. If it does, you are to submit a closure plan for the tank and the certification of closure if this has occurred.

All submittals to this Agency are to be received within 30 days of your receipt of this letter. If you have any questions, please contact Mr. Michael Mutnan of my staff at (312) 886-3740. A Part A is enclosed for your use.

Sincerely,

ORIGINAL SIGNED BY
WILLIAM H. MINER

William H. Miner, Chief
Technical, Permits and Control Section

Enclosure

cc: Alan Howard, MDNR

bcc: Boyle (S10)

5HW-13:MMUTNAN:SSMITH:1/25/84

INITIALS	TYPIST AP	AUTHOR MJA	STU #1 CHIEF	STU #2 CHIEF	STU #3 CHIEF WBM	TPS CHIEF WBM	WMB CHIEF	WMD DIRECTOR
DATE	1-25-84	1/26/84			1/26/84	1/26/84		

DETREX CHEMICAL INDUSTRIES, INC.



P.O. BOX 501, DETROIT, MICHIGAN 48232

TWX 810-224-4756

TELEPHONE
(313) 358-5800

January 16, 1984

Region V
U. S. Environmental Protection Agency
230 South Dearborn St.
Chicago, IL 60604

MID 005 317 599 G1RS, TSD-9

Dear Sirs:

It is apparent that the volume of sales and, correspondingly, reclamation of spent solvents at our Detroit facility has increased substantially in the past year. Therefore, we are submitting a revised Part A Application for the plant. Also, we have installed a 5,000 gallon tank for temporary storage (less than 90 days) of still bottoms in order to dispose of the bottoms (F002 material) in bulk quantities. Upon completing of the installation, the old tanks were retired from service.

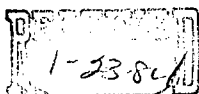
I trust the revised application is in order however, should you need additional information or assistance, please feel free to call.

Sincerely yours,

Ron Swan
Project Engineer

RS/smb

Attach.



RECEIVED
JAN 20 1984
WASTE MANAGEMENT
BRANCH

FORM EPA GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FMI: D005317599	
LABEL ITEMS I. EPA I.D. NUMBER II. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK "X"		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X			
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)					
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				X	
III. NAME OF FACILITY					
1 DETREX CHEMICAL INDUSTRIES, INC.					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 ROBRECHT, WILL, MGR, ENG			313 358 5800		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. BOX 501					
B. CITY OR TOWN				C. STATE	D. ZIP CODE
4 DETROIT				MI	48232
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 12386 EATON AVE.					
B. COUNTY NAME					
6 WAYNE					
C. CITY OR TOWN				D. STATE	E. ZIP CODE
6 DETROIT				MI	48227
F. COUNTY CODE (if known)					

II. SIC CODES (4-digit, in order of priority)		A. FIRST		B. SECOND	
2 86 9 (specify)		7 (specify)			
C. THIRD		D. FOURTH			
7 (specify)		7 (specify)			

VIII. OPERATOR INFORMATION		A. NAME		B. Is the name listed in Item VIII-A also the owner?	
DETREX CHEMICAL INDUSTRIES INC				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)				3 1 3 3 5 8 5 8 0 0 A	
E. STREET OR P.O. BOX					
P O BOX 501					
F. CITY OR TOWN				G. STATE H. ZIP CODE	
DETROIT				MI 48232	
				IX. INDIAN LAND	
				Is the facility located on Indian lands?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS		A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
		9 P			
E. UIC (Underground Injection of Fluids)		E. OTHER (specify)			
9					
C. RCRA (Hazardous Wastes)		E. OTHER (specify)			
9					

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)	
Warehouse and distribution of industrial solvents	

XIII. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
R. J. Jones, Vice President	R. J. Jones	1-12-84

COMMENTS FOR OFFICIAL USE ONLY	

APPLICATION DATE RECEIVED
APPROVED BY TC & CCY

COMMENTS

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

1. EXISTING FACILITY (See instructions for definition of "existing" facility.
Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES,
PROVIDE THE DATE
(YR., MO., & DAY) OPERA-
TION BEGAN OR IS
EXPECTED TO BEGIN

yr.	mo.	day	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
66	06	01	

E. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

E. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.

2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Storage:</u>		
CONTAINER (barrel, drum, etc.)	501	GALLONS OR LITERS
TANK	502	GALLONS OR LITERS
WASTE PILE	503	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	504	GALLONS OR LITERS
<u>Disposal:</u>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Treatment:</u>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment)	T04	GALLONS PER DAY OR LITERS PER DAY

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)					1. AMOUNT	2. UNIT OF MEA- SURE (enter code)		
N-1	S 0 2	600	G			5					
N-2	T 0 3	20	E			6					
1	S 0 1	17,600				7					
2	S 0 2	5,000				8					
3	T 0 4	1,800				9					
4						10					

(T04) - 3 Distillation Units

1 @ 300 GPD
 1 @ 1000 GPD
 1 @ 500 GPD

DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	0 1	100	P	T 0 5 D 0	
X-4	0 2				included with above

EPA ID NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
M I D 0 0 5 3 1 7 5 9 9										<div style="display: flex; justify-content: space-between;"> <div>W 1 2 DUP</div> <div>2 2 DUP</div> </div>									

DESCRIPTION OF HAZARDOUS WASTES (continued)

A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
						1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	F	0	0	1	667,500	P	S	0	1	T	0	4			
2	F	0	0	2	222,500	P	S	0	2						
3															
4															
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50															

EPA I.D. NO. (enter from page 1)													
M	I	D	O	0	5	3	1	7	5	9	9	T/A/C	16

V. FACILITY DRAWING

existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	2	2	3	5	0
61	64	67	68	69	71

LONGITUDE (degrees, minutes, & seconds)

8	3	1	0	2	2
72	73	74	75	76	77

VIII. FACILITY OWNER


☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

E. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
Detrex Chemical Industries, Inc.				313-358-5800			
3. STREET OR P.O. BOX		4. CITY OR TOWN		5. ST.		6. ZIP CODE	
P. O. Box 501		G Detroit		MI		48232	

IX. OWNER CERTIFICATION

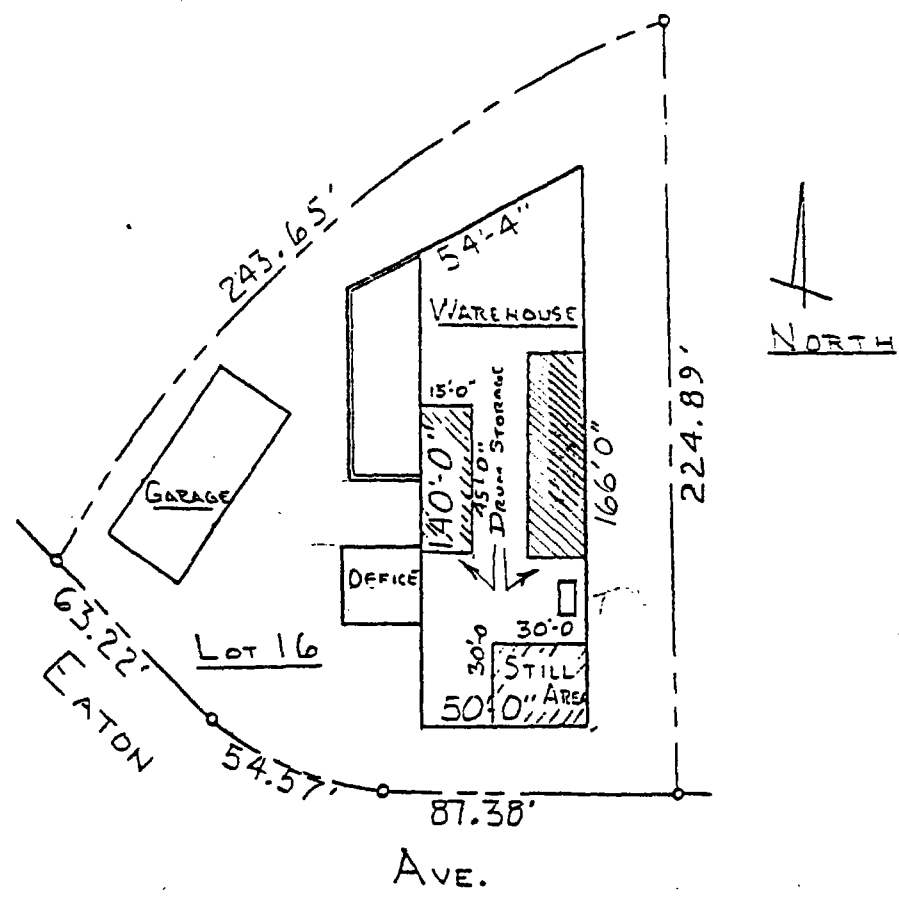
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
R. J. Jones, Vice President		1-12-84

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED



PLOT PLAN
SCALE 1"=60'-0"

LOT 16 OF THE HILL UNION BELT SUBDIVISION OF THE N. 1/2 OF THE S.E. 1/4
OF THE N.W. 1/4 OF SECTION 20. TOWN ONE SOUTH, RANGE ELEVEN
EAST ACCORDING TO THE PLAT THEREOF RECORDED IN THE OFFICE OF REGISTER
OF DEEDS FOR WAYNE COUNTY MICHIGAN IN LIBER 60 OF PLATS ON Pg. 62
EXCEPT FOR PENN R. R. RIGHT OF WAY ON THE NORTHERLY SIDE OF LOT.

GOLD SHIELD
 12886 EATON AVE.
 DETROIT, MICH., 48227

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

GENERAL

[illegible]

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (*the area to, the left of the label space lists the information that should appear*), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (*except VI-B which must be completed regardless*). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

1	SKIP	DETREX	CHEMICAL INDUSTRIES, INC.
---	------	--------	---------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)										B. PHONE (area code & no.)					
2	ROBRECHT, WILL, MGR. CORP. ENGR.									313		358		5800	
15										48		48		48	

V: FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX											
2											
3	P. O. BOX 501										
18	19										
B. CITY OR TOWN					C. STATE	D. ZIP CODE					
4	DETROIT				MI	48232					
18	19										

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																		
5	1	2	8	8	6	EATON	AVE.											
B. COUNTY NAME																		
WAYNE																		
C. CITY OR TOWN					D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)											
6	D	E	T	R	O	I	T	M	I	4	8	2	2	7				

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	6	9	(specify)	7	(specify)
C. THIRD				D. FOURTH			
7	(specify)	7	(specify)				

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
DETREX CHEMICAL INDUSTRIES, INC.															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)				
F = FEDERAL M = PUBLIC (other than federal or state) P (specify)															3 1 3 3 5 8 5 8 0 0				
S = STATE O = OTHER (specify)																			
P = PRIVATE																			
E. STREET OR P.O. BOX																			
P O BOX 501																			
F. CITY OR TOWN										G. STATE		H. ZIP CODE			IX. INDIAN LAND				
DETROIT										MI		4 8 2 3 2			Is the facility located on Indian lands?				
															<input type="checkbox"/> YES <input type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
U										(specify)									
C. RCRA (Hazardous Wastes)										F. OTHER (specify)									
R										(specify)									

XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Warehouse, Distribution and Reclamation of Industrial Solvents.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
R. J. Jones, Vice President				10-24-85	

COMMENTS FOR OFFICIAL USE ONLY

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U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER

S	F	M	I	D	0	9	1	6	0	5	9	7	2	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE		UNIT OF MEASURE	UNIT OF MEASURE CODE		UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	DUP	T/A	C	1		
1	2	3	4	5	6		
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
		2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	8,000	G	7			
	S 0 2	21300	G	8			
3	T 0 4	5,860	U	9			
4				10			

I. PROCESSES (continued)
 SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE
 INCLUDE DESIGN CAPACITY.

- 1 - S600 Still @ 1,000 Gal/Day
- 1 - S350 Still @ 500 Gal/Day
- 1 - DCI Still @ 1,000 Gal/Day
- 1 - Wiped Film Evap. @ 960 Gal/Day
- 1 - Experimental Still @ 2,400 Gal/Day

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**

POUNDS P

TONS T

METRIC UNIT OF MEASURE **CODE**

KILOGRAMS K

METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

J. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEASURE (enter code)		1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
LINE	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5
X-1	K	0	5	4	900		P	T	0	3	D	8	0		
X-2	D	0	0	2	400		P	T	0	3	D	8	0		
X-3	D	0	0	1	100		P	T	0	3	D	8	0		
X-4	D	0	0	2										included with above	

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W M I D 0 9 1 6 0 5 9 7 2													W DUP												
T/A/C 1													T/A/C 2 DUP												
V. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																					
1	F 0 0 1	2,002,500	P	S 0 1	S 0 2	T 0 4																			
2	F 0 0 2	667,500	P	S 0 2																					
3																									
4																									
5																									
6																									
7																									
8																									
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25																									
26																									

[illegible]

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LONGITUDE (degrees, minutes, & seconds)


4	2	2	3	5	0					8	3	1	0				
65	66	67	68	69	70					72	73	74	75	76	77	78	79

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)															
Detrex Chemical Industries, Inc.										313-358-5800															
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE			
P. O. Box 501										Detroit										MI		48232			

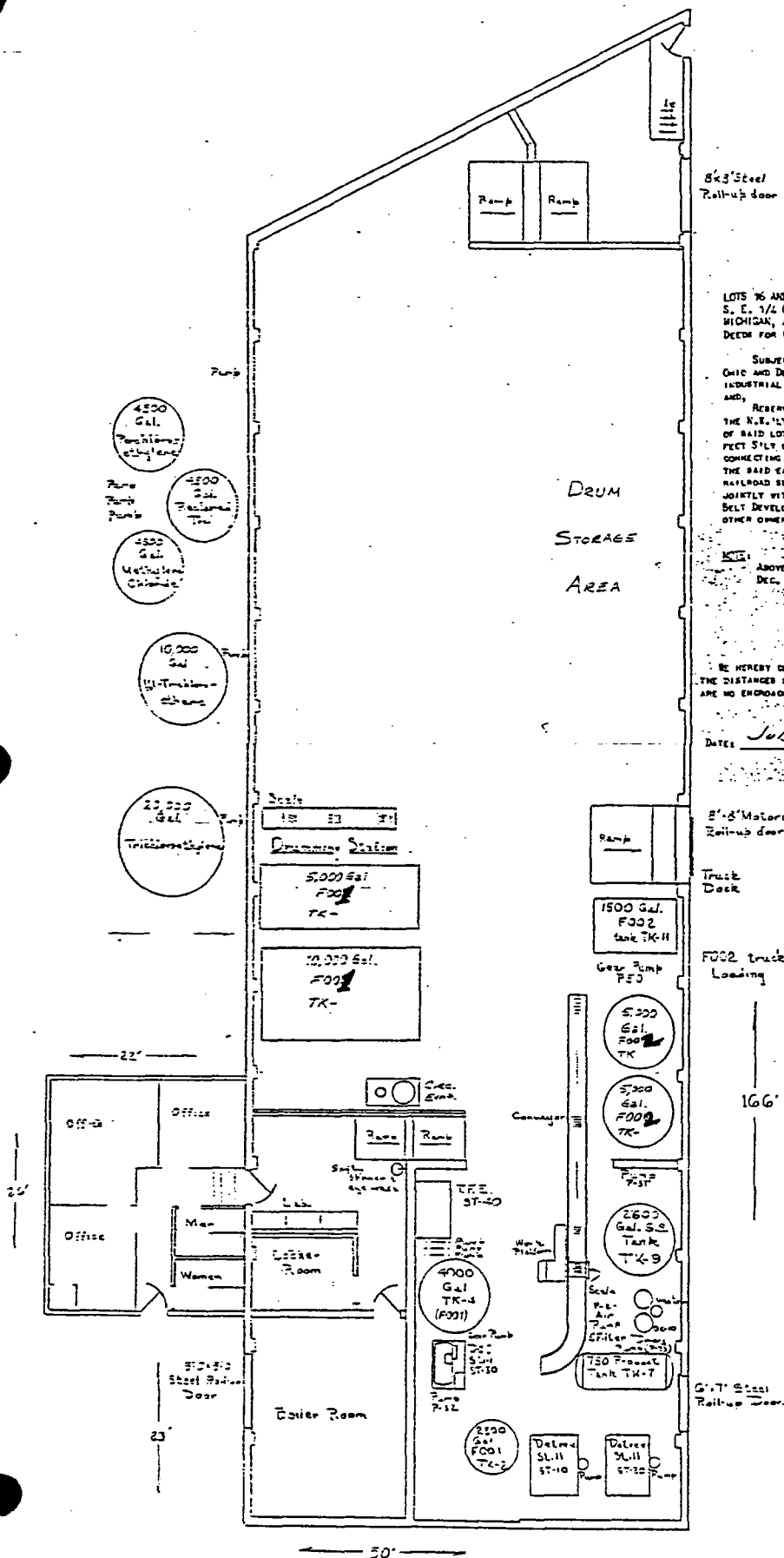
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<p>A. NAME (print or type)</p> <p>R. J. Jones, Vice President</p>	<p>B. SIGNATURE</p> 	<p>C. DATE SIGNED</p> <p>10-24-85</p>
--	---	--

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------

FACILITY DRAWING (see page 4)



LEGAL DESCRIPTION

LOTS 16 AND 17 OF "HILL UNION BELT DEVELOPMENT SUBDIVISION", BEING THE N. 1/2 OF THE S. E. 1/4 OF THE N. E. 1/4 OF SEC. 20, T. 1 S., R. 11 E., CITY OF DETROIT, WAYNE COUNTY, MICHIGAN, ACCORDING TO THE PLAT THEREOF RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS FOR WAYNE COUNTY, MICHIGAN IN LIBER 60 OF PLATS ON PAGE 62;

SUBJECT, HOWEVER TO A PERMANENT EASEMENT HERETOFORE GRANTED TO THE PENNSYLVANIA, OHIO AND DETROIT RAILROAD OVER A STRIP OF LAND ON THE N.E. SIDE OF SAID LOTS FOR AN INDUSTRIAL RAILROAD TRACK AS PER DEED RECORDED IN L. 2298 OF DEEDS ON P. 176-178 KCR, AND;

RESERVING TO THE BELLEF, THEIR HEIRS AND ASSIGNS, AN EASEMENT OVER AND ACROSS THE N.E. 1/4 AND N.E. 1/4 REAR PORTIONS OF SAID LOTS 16 & 17 DESCRIBED AS ALL THAT PORTION OF SAID LOTS LYING N.E. 1/4 AND E. 1/4 OF A LINE EXTENDING ACROSS SAID LOTS THAT IS 84 FEET 5 1/4" OF THE CENTER OF THE RAILROAD SIDING AS PRESENTLY INSTALLED AND IN USE CONNECTING WITH THE TRACK OF THE PENNSYLVANIA, OHIO AND DETROIT RAILROAD COMPANY; THE SAID EASEMENT TO COVER THE RIGHT TO USE THE SAME FOR PRIVATE RAILROAD SIDING AND RAILROAD SERVICE OVER SAME TO THE SAID PENNSYLVANIA, OHIO AND DETROIT RAILROAD, JOINTLY WITH ALL OTHER OWNERS OF LOTS 16, 17, 20, 21, 22, 23 AND 24 OF HILL UNION BELT DEVELOPMENT SUBDIVISION AFORESAID, SO THAT RAILROAD SERVICE MAY BE HAD BY ALL OTHER OWNERS ALONG THE LENGTH OF THE SIDING AS NOW INSTALLED AND IN USE.

ABOVE DESCRIPTION IS FROM DEED TO DETROIT PEX PRODUCTS COMPANY DATED DEC. 30, 1941, RECORDED JANUARY 8, 1942 IN LIBER 5502, DEEDS, PAGE 226.

CERTIFICATION

WE HEREBY CERTIFY THAT WE HAVE SURVEYED THE PROPERTY HEREON DELINEATED AND THAT THE DISTANCES SHOWN ARE TRUE AND CORRECT BY ACTUAL FIELD MEASUREMENTS AND THAT THERE ARE NO ENCROACHMENTS UNLESS OTHERWISE SHOWN.

DATE: July 11, 1985
BY: Donald A. Stappert, Reg. Land Surveyor #1100
DONALD A. STAPPERT, REG. LAND SURVEYOR #1100

DETREX CHEMICAL INDUSTRIES, INC.



P.O. BOX 501, DETROIT, MICHIGAN 48232

TELEPHONE
(313) 358-5800

TWX 810-224-4756

March 5, 1984

RECEIVED
MAR 07 1984
WASTE MANAGEMENT
BRANCH

U. S. Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, IL 60604

Attention: W. H. Miner

Re: Revised Part A
Detrex Chemical Industries, Inc. MID 091 605 972 G, TRS, TSD, PA
12886 Eaton Avenue
Detroit, MI 48227

Dear Mr. Miner:

Enclosed is a revised Part A application including the proper EPA identification number.

We appreciate your comments with respect to the 5000 gallon tank and the distillation unit.

As to the 5000 gallon tank which is used for F002 material; normally the contents of this tank would "turn over" in less than 90 days, however, there is no way we can be positive that material placed there on day 1 will be in fact gone by the 90th day since the contents are normally removed in 3500 gallon increments with new materials being added to it on a daily basis. Furthermore, the nature of the material is such that solids tend to accumulate. When this happens it may not be possible to remove 3500 gallons at a time. We therefore feel that it would be more prudent to include the tank.

We have recognized from the beginning of RCRA that the stills are not subject to permitting; nevertheless, in order to properly complete a Part A application it seems to us that the process information is required in order to distinguish between a facility that merely stores and one which does treatment.

As to the requested increased storage capacity of drums: when the original Part A application was submitted in November, 1980, the volumes were estimated, based on the traditional recycling business that we had been doing for many years. Since that time, due to the RCRA impact, we have found that those estimates are no longer adequate considering additional business and allowance for equipment breakdown and maintenance; therefore, we are requesting additional storage capacity.

RECEIVED
3/8/84

CONFIDENTIAL
JAN 17 1974
100-442483-3524-10
FBI-WASH DC

Page 2

With respect to the old storage tanks: these tanks were used for temporary storage only (less than 90 days) and therefore are not considered subject to the closure requirements.

We believe that the foregoing addresses your concerns but should you require further information or clarification, please contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read 'W. G. Robrecht', with a long horizontal flourish extending to the right.

W. G. Robrecht
Manager of Corporate Engineering

WGR/smb

Encl.

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2	8	6	9	(specify)	7		(specify)
C. THIRD				D. FOURTH			
7				(specify)	7		(specify)

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
DETREX CHEMICAL INDUSTRIES INC.															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)				
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P															3 1 3 3 5 8 5 8 0 0				
E. STREET OR P.O. BOX																			
P O BOX 501																			
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND					
DETROIT										MI		4 8 2 3 2		Is the facility located on Indian lands?					
														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Warehouse and distribution of industrial solvents.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
R. J. Jones, Vice President		R. J. Jones		3-1-84	

COMMENTS FOR OFFICIAL USE ONLY

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FORM 3		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	I. EPA I.D. NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>S</td><td>F</td><td>M</td><td>I</td><td>D</td><td>0</td><td>9</td><td>1</td><td>6</td><td>0</td><td>5</td><td>9</td><td>7</td><td>2</td><td>T</td><td>A</td><td>C</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> </table>	S	F	M	I	D	0	9	1	6	0	5	9	7	2	T	A	C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
S	F	M	I	D	0	9	1	6	0	5	9	7	2	T	A	C																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																					

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date) <input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YR.</th><th>MO.</th><th>DAY</th> </tr> <tr> <td>66</td><td>06</td><td>01</td> </tr> </table> </div> <div style="width: 50%;"> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) </div> </div>		YR.	MO.	DAY	66	06	01	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.) FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YR.</th><th>MO.</th><th>DAY</th> </tr> <tr> <td></td><td></td><td></td> </tr> </table>	YR.	MO.	DAY			
YR.	MO.	DAY												
66	06	01												
YR.	MO.	DAY												
B. REVISED APPLICATION (place an "X" below and complete Item I above) <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT														

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	DUP	T/A	C	I										
1	2		13	14	15										

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	17,600	G		7				
	S 0 2	5,000	G		8				
3	T 0 4	1,800	U		9				
4					10				

II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T0" FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

(T04) - 3 Distillation Units

1 @ 300 GPD
1 @ 1000 GPD
1 @ 500 GPD

IV. DESCRIPTION OF HAZARDOUS WASTES

- EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
X-1	K	0	5	4	900	P	T	0	3	D	8	0				
X-2	D	0	0	2	400	P	T	0	3	D	8	0				
X-3	D	0	0	1	100	P	T	0	3	D	8	0				
X-4	D	0	0	2												included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26													W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26															
M I D 0 9 1 6 0 5 9 7 2 1													D U P 2 D U P															
V. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
WASTE NO. (enter code)	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																								
				1. PROCESS CODES (enter)																								
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																								
1	F 0 0 1	667,500	P	S 0 1	T 0 4																							
2	F 0 0 2	222,500	P	S 0 2																								
3																												
4																												
5																												
6																												
7																												
8																												
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EPA I.D. NO. (enter from page 1)

FMID 091605972 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

42 23 50

83 10 22

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

Detrex Chemical Industries, Inc.

313-358-5800

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

P. O. Box 501

G Detroit

MI

48232

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

R. J. Jones, Vice President

R. J. Jones

3-1-84

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

DETREX CHEMICAL INDUSTRIES, INC.



388

P.O. BOX 501, DETROIT, MICHIGAN 48232

EXECUTIVE OFFICE

TELEPHONE (313) 358-5800

TWX 810-224-4756

November 18, 1980

EPA Region V
RCRA Activities
P. O. Box 7861
Chicago, IL 60680

Gentlemen:

Enclosed is an Application for a Hazardous Waste Permit for
our facility at:

12886 Eaton Ave.
Detroit, MI 48227

If there are any questions, please contact me.

Very truly yours,

A handwritten signature in cursive script, appearing to read "W. G. Robrecht".

W. G. Robrecht
Assistant Manager, Corporate Engineering

WGR:ss

Enclosure

FORM 1		ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		F M I D O 91605972	
Consolidated Permits Program		(Read the "General Instructions" before starting.)		T/A/C D	
II. POLLUTANT CHARACTERISTICS		III. NAME OF FACILITY		IV. FACILITY CONTACT	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		A. STREET OR P.O. BOX		B. CITY OR TOWN	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		C. STATE	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		D. ZIP CODE	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		E. ZIP CODE	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		F. COUNTY CODE (if known)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		G. CITY OR TOWN	
III. NAME OF FACILITY		IV. FACILITY CONTACT		H. STATE	
1 SKIP DETREX CHEMICAL INDUSTRIES INC		2 ROBRECHT WILLASST MGR ENG		I. ZIP CODE	
IV. FACILITY CONTACT		V. FACILITY MAILING ADDRESS		J. COUNTY CODE	
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		K. CITY OR TOWN	
2 ROBRECHT WILLASST MGR ENG		3 13 3 58 5800		L. STATE	
V. FACILITY MAILING ADDRESS		VI. FACILITY LOCATION		M. ZIP CODE	
A. STREET OR P.O. BOX		B. CITY OR TOWN		N. COUNTY CODE	
3 P O BOX 501		4 DETROIT		O. CITY OR TOWN	
B. CITY OR TOWN		C. STATE		P. STATE	
4 DETROIT		M I		Q. ZIP CODE	
VI. FACILITY LOCATION		VII. FACILITY LOCATION		R. COUNTY CODE	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		S. CITY OR TOWN	
5 12886 EATON AVE		WAYNE		T. STATE	
B. COUNTY NAME		C. CITY OR TOWN		U. ZIP CODE	
WAYNE		6 DETROIT		V. COUNTY CODE	
C. CITY OR TOWN		D. STATE		W. CITY OR TOWN	
6 DETROIT		M I		X. STATE	
D. STATE		E. ZIP CODE		Y. ZIP CODE	
M I		4.8.2.2.7		Z. COUNTY CODE	
E. ZIP CODE		F. COUNTY CODE		AA. CITY OR TOWN	
4.8.2.2.7		F. COUNTY CODE		AB. STATE	
F. COUNTY CODE		G. CITY OR TOWN		AC. ZIP CODE	
G. CITY OR TOWN		H. STATE		AD. COUNTY CODE	
H. STATE		I. ZIP CODE		AE. CITY OR TOWN	
I. ZIP CODE		J. COUNTY CODE		AF. STATE	
J. COUNTY CODE		K. CITY OR TOWN		AG. ZIP CODE	
K. CITY OR TOWN		L. STATE		AH. COUNTY CODE	
L. STATE		M. ZIP CODE		AI. CITY OR TOWN	
M. ZIP CODE		N. COUNTY CODE		AJ. STATE	
N. COUNTY CODE		O. CITY OR TOWN		AK. ZIP CODE	
O. CITY OR TOWN		P. STATE		AL. COUNTY CODE	
P. STATE		Q. ZIP CODE		AM. CITY OR TOWN	
Q. ZIP CODE		R. COUNTY CODE		AN. STATE	
R. COUNTY CODE		S. CITY OR TOWN		AO. ZIP CODE	
S. CITY OR TOWN		T. STATE		AP. COUNTY CODE	
T. STATE		U. ZIP CODE		AQ. CITY OR TOWN	
U. ZIP CODE		V. COUNTY CODE		AR. STATE	
V. COUNTY CODE		W. CITY OR TOWN		AS. ZIP CODE	
W. CITY OR TOWN		X. STATE		AT. COUNTY CODE	
X. STATE		Y. ZIP CODE		AU. CITY OR TOWN	
Y. ZIP CODE		Z. COUNTY CODE		AV. STATE	
Z. COUNTY CODE		AA. CITY OR TOWN		AW. ZIP CODE	
AA. CITY OR TOWN		AB. STATE		AX. COUNTY CODE	
AB. STATE		AC. ZIP CODE		AY. CITY OR TOWN	
AC. ZIP CODE		AD. COUNTY CODE		AZ. STATE	
AD. COUNTY CODE		AE. CITY OR TOWN		BA. ZIP CODE	
AE. CITY OR TOWN		AF. STATE		BB. COUNTY CODE	
AF. STATE		AG. ZIP CODE		BC. CITY OR TOWN	
AG. ZIP CODE		AH. COUNTY CODE		BD. STATE	
AH. COUNTY CODE		AI. CITY OR TOWN		BE. ZIP CODE	
AI. CITY OR TOWN		AJ. STATE		BF. COUNTY CODE	
AJ. STATE		AK. ZIP CODE		BG. CITY OR TOWN	
AK. ZIP CODE		AL. COUNTY CODE		BH. STATE	
AL. COUNTY CODE		AM. CITY OR TOWN		BI. ZIP CODE	
AM. CITY OR TOWN		AN. STATE		BJ. COUNTY CODE	
AN. STATE		AO. ZIP CODE		BK. CITY OR TOWN	
AO. ZIP CODE		AP. COUNTY CODE		BL. STATE	
AP. COUNTY CODE		AQ. CITY OR TOWN		BM. ZIP CODE	
AQ. CITY OR TOWN		AR. STATE		BN. COUNTY CODE	
AR. STATE		AS. ZIP CODE		BO. CITY OR TOWN	
AS. ZIP CODE		AT. COUNTY CODE		BP. STATE	
AT. COUNTY CODE		AU. CITY OR TOWN		BQ. ZIP CODE	
AU. CITY OR TOWN		AV. STATE		BR. COUNTY CODE	
AV. STATE		AW. ZIP CODE		BS. CITY OR TOWN	
AW. ZIP CODE		AX. COUNTY CODE		BT. STATE	
AX. COUNTY CODE		AY. CITY OR TOWN		BU. ZIP CODE	
AY. CITY OR TOWN		AZ. STATE		BV. COUNTY CODE	
AZ. STATE		BA. ZIP CODE		BW. CITY OR TOWN	
BA. ZIP CODE		BB. COUNTY CODE		BX. STATE	
BB. COUNTY CODE		BC. CITY OR TOWN		BY. ZIP CODE	
BC. CITY OR TOWN		BD. STATE		BZ. COUNTY CODE	
BD. STATE		BE. ZIP CODE		CA. CITY OR TOWN	
BE. ZIP CODE		BF. COUNTY CODE		CB. STATE	
BF. COUNTY CODE		CG. CITY OR TOWN		CC. ZIP CODE	
CG. CITY OR TOWN		CH. STATE		CD. COUNTY CODE	
CH. STATE		CI. ZIP CODE		CE. CITY OR TOWN	
CI. ZIP CODE		CJ. COUNTY CODE		CF. STATE	
CJ. COUNTY CODE		CK. CITY OR TOWN		CG. ZIP CODE	
CK. CITY OR TOWN		CL. STATE		CH. COUNTY CODE	
CL. STATE		CM. ZIP CODE		CI. CITY OR TOWN	
CM. ZIP CODE		CN. COUNTY CODE		CJ. STATE	
CN. COUNTY CODE		CO. CITY OR TOWN		CK. ZIP CODE	
CO. CITY OR TOWN		CP. STATE		CL. COUNTY CODE	
CP. STATE		CQ. ZIP CODE		CM. CITY OR TOWN	
CQ. ZIP CODE		CR. COUNTY CODE		CN. STATE	
CR. COUNTY CODE		CS. CITY OR TOWN		CO. ZIP CODE	
CS. CITY OR TOWN		CT. STATE		CP. COUNTY CODE	
CT. STATE		CU. ZIP CODE		CQ. CITY OR TOWN	
CU. ZIP CODE		CV. COUNTY CODE		CR. STATE	
CV. COUNTY CODE		CW. CITY OR TOWN		CS. ZIP CODE	
CW. CITY OR TOWN		CX. STATE		CT. COUNTY CODE	
CX. STATE		CY. ZIP CODE		CU. CITY OR TOWN	
CY. ZIP CODE		CZ. COUNTY CODE		CV. STATE	
CZ. COUNTY CODE		DA. CITY OR TOWN		CW. ZIP CODE	
DA. CITY OR TOWN		DB. STATE		CX. COUNTY CODE	
DB. STATE		DC. ZIP CODE		CY. CITY OR TOWN	
DC. ZIP CODE		DD. COUNTY CODE		CZ. STATE	
DD. COUNTY CODE		DE. CITY OR TOWN		DA. ZIP CODE	
DE. CITY OR TOWN		DF. STATE		DB. COUNTY CODE	
DF. STATE		DG. ZIP CODE		DC. CITY OR TOWN	
DG. ZIP CODE		DH. COUNTY CODE		DD. STATE	
DH. COUNTY CODE		DI. CITY OR TOWN		DE. ZIP CODE	
DI. CITY OR TOWN		DJ. STATE		DF. COUNTY CODE	
DJ. STATE		DK. ZIP CODE		DG. CITY OR TOWN	
DK. ZIP CODE		DL. COUNTY CODE		DH. STATE	
DL. COUNTY CODE		DM. CITY OR TOWN		DI. ZIP CODE	
DM. CITY OR TOWN		DN. STATE		DJ. COUNTY CODE	
DN. STATE		DO. ZIP CODE		DK. CITY OR TOWN	
DO. ZIP CODE		DP. COUNTY CODE		DL. STATE	
DP. COUNTY CODE		DQ. CITY OR TOWN		DM. ZIP CODE	
DQ. CITY OR TOWN		DR. STATE		DN. COUNTY CODE	
DR. STATE		DS. ZIP CODE		DO. CITY OR TOWN	
DS. ZIP CODE		DT. COUNTY CODE		DP. STATE	
DT. COUNTY CODE		DU. CITY OR TOWN		DQ. ZIP CODE	
DU. CITY OR TOWN		DV. STATE		DR. COUNTY CODE	
DV. STATE		DW. ZIP CODE		DS. CITY OR TOWN	
DW. ZIP CODE		DX. COUNTY CODE		DT. STATE	
DX. COUNTY CODE		DY. CITY OR TOWN		DU. ZIP CODE	
DY. CITY OR TOWN		DZ. STATE		DV. COUNTY CODE	
DZ. STATE		EA. ZIP CODE		DW. CITY OR TOWN	
EA. ZIP CODE		EB. COUNTY CODE		DX. STATE	
EB. COUNTY CODE		EC. CITY OR TOWN		DY. ZIP CODE	
EC. CITY OR TOWN		ED. STATE		EZ. COUNTY CODE	
ED. STATE		EE. ZIP CODE		FA. CITY OR TOWN	
EE. ZIP CODE		EF. COUNTY CODE		FB. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FC. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FD. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FE. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
EG. CITY OR TOWN		EH. STATE		FH. COUNTY CODE	
EH. STATE		EI. ZIP CODE		FI. CITY OR TOWN	
EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	
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EI. ZIP CODE		EF. COUNTY CODE		FF. STATE	
EF. COUNTY CODE		EG. CITY OR TOWN		FG. ZIP CODE	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	6	9	(specify)	7	(specify)
C. THIRD				D. FOURTH			
7	(specify)	7	(specify)				

VIII. OPERATOR INFORMATION

A. NAME										Is the name listed in Item VIIIA also the name?	
B. DETREX CHEMICAL INDUSTRIES INC										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL		M = PUBLIC (other than federal or state)		P = PRIVATE		O = OTHER (specify)		P		A 313 358 5800	
E. STREET OR P.O. BOX											
P.O. BOX 501											
F. CITY OR TOWN					G. STATE		H. ZIP CODE		IX. INDIAN LAND		
B. DETROIT					M I		4 8 2 3 2		Is the facility located on Indian land?		
									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										F. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

WAREHOUSE AND DISTRIBUTION OF INDUSTRIAL SOLVENTS

I, the undersigned, being a duly qualified person, am familiar with the information submitted in this application and the accuracy of the data and the truth and completeness of the information contained herein. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
R. J. Jones, Vice President	R. J. Jones	11-14-80

COMMENTS (if any)

II. FIRST OR REVISED APPLICATION

III. PROCESSES — CODES AND DESIGN CAPACITIES

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

((T04)) - 3 Distillation units

1 @ 300 GPD
1 @ 1000 GPD
1 @ 500 GPD

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W M I D O 91605972										W DUP									
V. DESCRIPTION OF HAZARDOUS WASTES (continued)										D. PROCESSES									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
	23	24	25	26	27	28	29	30	31	32	27	28	29	30	31	32	27	28	29
1	F	O	O	1	667,500				P	T	O	4							
2	F	O	O	2	222,500				P	S	O	1							
3																			
4																			
5																			
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23																			
24																			
25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

FM 100 91605972 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

42 23 50

LONGITUDE (degrees, minutes, & seconds)

83 10 22

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

Detrex Chemical Industries, Inc.

2. PHONE NO. (area code & no.)

313-358-5800

3. STREET OR P.O. BOX

P. O. Box 501

4. CITY OR TOWN

Detroit

5. ST.

MI

6. ZIP CODE

48232

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

R. J. Jones, Vice President

B. SIGNATURE

R. J. Jones

C. DATE SIGNED

11-14-80

X. OPERATOR CERTIFICATION

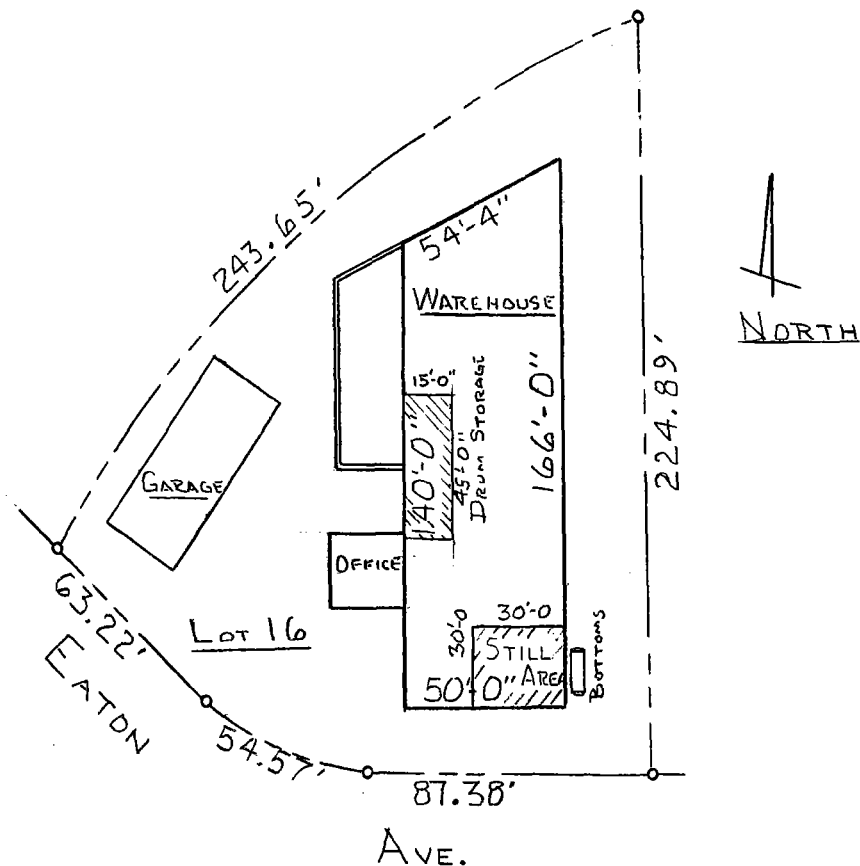
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)



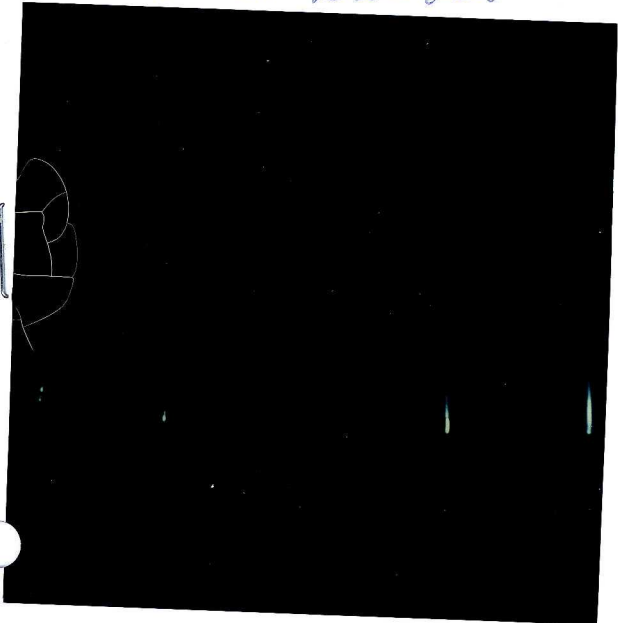
Plot Plan

Scale 1"=60'-0"

LOT 16 OF THE HILL UNION BELT SUBDIVISION OF THE N. 1/2 OF THE S.E. 1/4
OF THE N.W. 1/4 OF SECTION 20. TOWN ONE SOUTH, RANGE ELEVEN
EAST ACCORDING TO THE PLAT THEREOF RECORDED IN THE OFFICE OF REGISTER
OF DEEDS FOR WAYNE COUNTY MICHIGAN IN LIBER 60 OF PLATS ON PG. 62
EXCEPT FOR PENN R.R. RIGHT OF WAY ON THE NORTHERLY SIDE OF LOT.

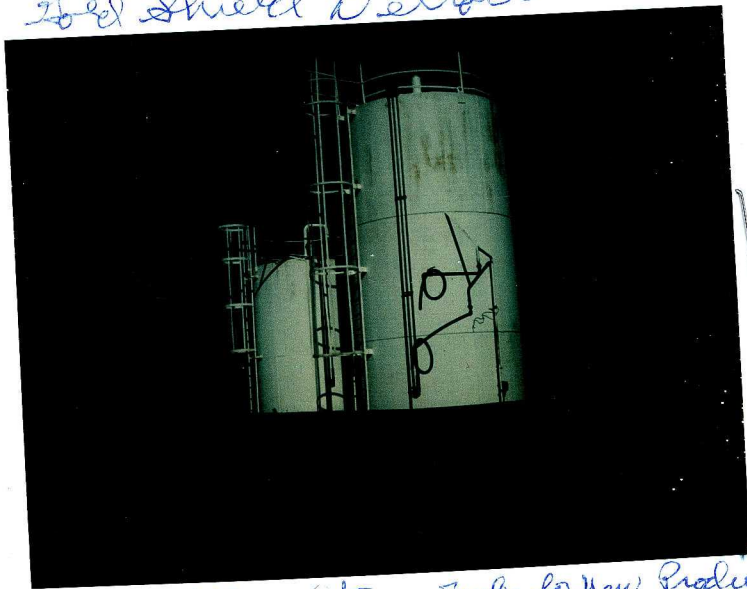
GOLD SHIELD
 12886 EATON AVE.
 DETROIT, MICH, 48227

Gold Shield Detroit



Drum
Storage

Gold Shield Detroit



Outside of Bldg and Storage Tanks for New Product

Gold Shield Detroit



Outside of Building

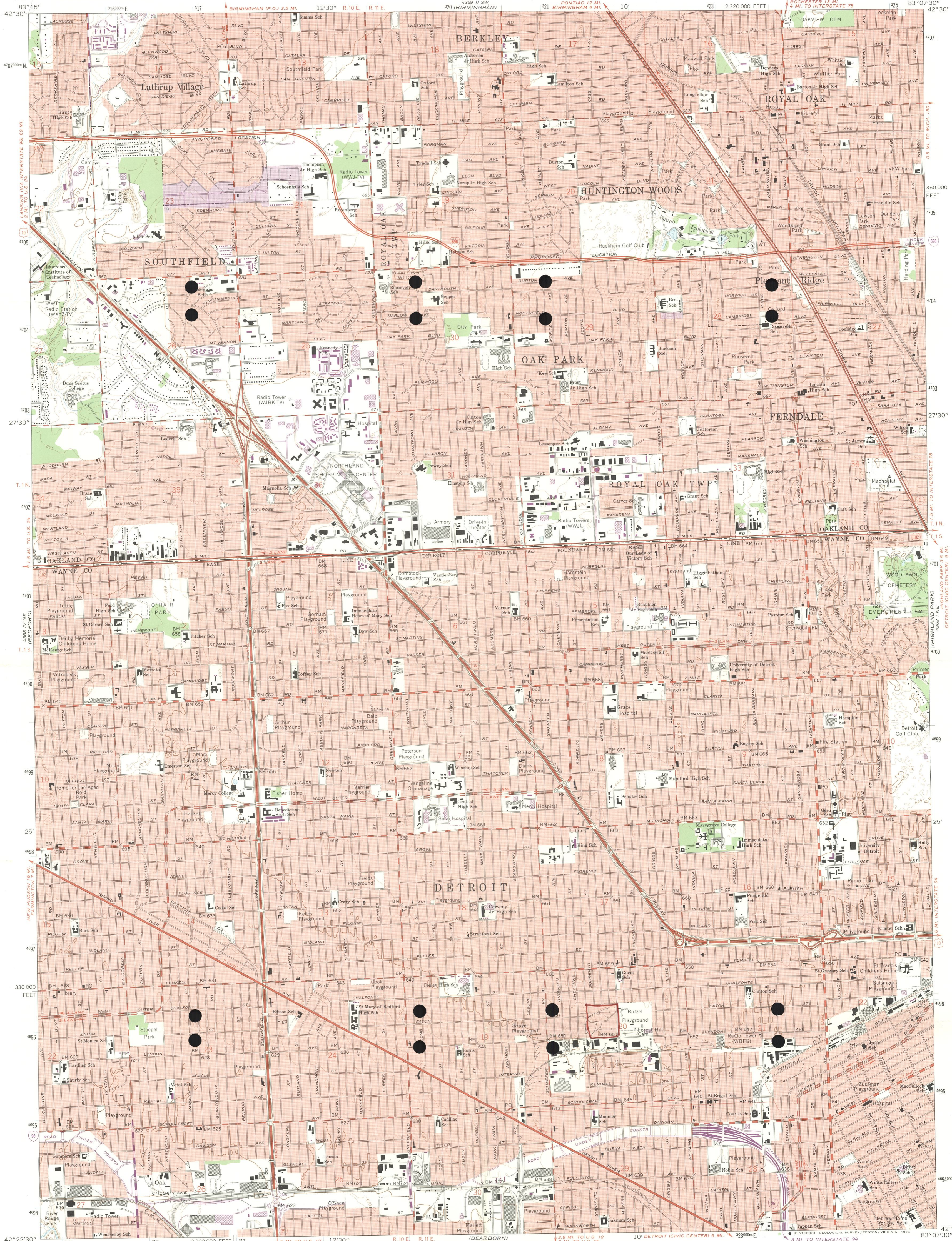
Gold Shield Detroit



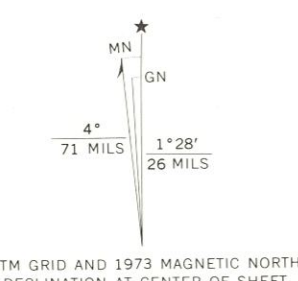
Reclamation
Still

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

ROYAL OAK QUADRANGLE
MICHIGAN
7.5 MINUTE SERIES (TOPOGRAPHIC)



Mapped, edited, and published by the Geological Survey in cooperation with State of Michigan agencies
Control by USGS, USC&GS, and City of Detroit
Planimetry by photogrammetric methods from aerial photographs
Topography by planetable surveys 1939. Revised from aerial photographs taken 1967. Field checked 1968
Polyconic projection. 1927 North American datum
10,000-foot grid based on Michigan coordinate system, south zone
1000-meter Universal Transverse Mercator grid ticks, zone 17, shown in blue
Red tint indicates areas in which only landmark buildings are shown
Revisions shown in purple compiled from aerial photographs taken 1973. This information not field checked
Purple tint indicates extension of urban areas



THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION
Primary highway, all weather, hard surface
Secondary highway, all weather, hard surface
Light duty road, all weather, improved surface
Unimproved road, fair or dry weather
Interstate Route
U.S. Route
State Route

ROYAL OAK, MICH.
N4222.5-W8307.5/7.5

1968
PHOTOREVISED 1973
AMS 4368 1 NW-SERIES V862

110 005317599